

*Pat Book*

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **107502470**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1											
2							51					
3		2					52					
4		2					53					
5		2					54					
6		2					55					
7		2					56					
8		2					57					
9		2					58					
10		2					59					
11	1						60					
12	1						61					
13		2					62					
14		2					63					
15		2					64					
16		2					65					
17		2					66					
18		2					67					
19		2					68					
20		2					69					
21	1						70					
22		1					71					
23		2					72					
24		2					73					
25		2					74					
26		2					75					
27	1						76					
28		1					77					
29		2					78					
30		2					79					
31	1						80					
32		1					81					
33		2					82					
34		2					83					
35	1						84					
36		1					85					
37		2					86					
38		2					87					
39		2					88					
40		2					89					
41		2					90					
42		1					91					
43		1					92					
44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
TOTAL IND.	1						100					
TOTAL DEP.		10					TOTAL IND.					
TOTAL CLAIMS	1	10					TOTAL DEP.					
							TOTAL CLAIMS					

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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